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CONFIRMATION NO. 9199

<b>SERIAL NUMBER</b> 10/500,281	<b>FILING OR 371(c) DATE</b> 09/09/2004 <b>RULE</b> <i>MH 2-13</i>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> 642P003-US
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## APPLICANTS

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*MH*

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/US03/00094 01/02/2003 which claims benefit of 60/345,431 01/04/2002

*MH*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> RI	<i>MH</i> <b>SHEETS DRAWING</b> 4	<i>MH</i> <b>TOTAL CLAIMS</b> 21	<i>MH</i> <b>INDEPENDENT CLAIMS</b> 3
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## ADDRESS

42754

## TITLE

Csf physiologic controller

<b>FILING FEE RECEIVED</b> 439	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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